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B22C (Official Form 22C) (Chapter 13) (12/10)

In re F	Helen V	Vagner	According to the calculations required by this statement:
		Debtor(s)	■ The applicable commitment period is 3 years.
Case Nun	nber:	12-16491	☐ The applicable commitment period is 5 years.
		(If known)	☐ Disposable income is determined under § 1325(b)(3).
			■ Disposable income is not determined under § 1325(b)(3).
			(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	CON	IE			
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balance	e of	this part of this state	ment	as directed.	
1	a. ■	Unmarried. Complete only Column A ("Deb	tor	's Income'') for L	nes	2-10.			
	b. □	Married. Complete both Column A ("Debto	r's	Income") and Col	umi	B ("Spouse's Incom	ne'') i	for Lines 2-10.	
	All figures must reflect average monthly income received from all sources, derived during the six							Column A	Column B
	calend	dar months prior to filing the bankruptcy case	, en	ding on the last da	y of	the month before		Debtor's	
		ling. If the amount of monthly income varied			, you	must divide the	Income		Spouse's Income
	six-m	onth total by six, and enter the result on the a	ppro	opriate line.				niconic	Theone
2	Gross	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	0.00	\$
3	enter profes numb	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.							
		1		Debtor	_	Spouse			
	a.	Gross receipts	\$	0.00					
	b.	Ordinary and necessary business expenses	\$	0.00			ф	0.00	Ф
	c.	Business income s and other real property income. Subtract l		btract Line b from			\$	0.00	\$
4		propriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b Gross receipts Ordinary and necessary operating expenses			t IV				
	c.	Rent and other real property income	_	abtract Line b from		e a	\$	0.00	\$
5	Inter	est, dividends, and royalties.					\$	0.00	\$
6	Pensi	on and retirement income.					\$	488.53	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	0.00	\$	
8	Howe benef or B,	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Uner	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$							

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of						
	international or domestic terrorism. Debtor Spouse						
	a.						
	b. \$ \$	\$ 0.0	00 \$				
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$ 488.5	53 \$				
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$		488.53			
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT	PERIOD					
12	Enter the amount from Line 11		\$	488.53			
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a rethe household expenses of you or your dependents and specify, in the lines below, the basis for exincome (such as payment of the spouse's tax liability or the spouse's support of persons other than debtor's dependents) and the amount of income devoted to each purpose. If necessary, list addition on a separate page. If the conditions for entering this adjustment do not apply, enter zero.	e of your spouse, egular basis for cluding this the debtor or the					
	b.						
	Total and enter on Line 13		\$	0.00			
14	Subtract Line 13 from Line 12 and enter the result.	\$	488.53				
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the enter the result.	e number 12 and	\$	5,862.36			
16	Applicable median family income. Enter the median family income for applicable state and hous information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy			·			
	a. Enter debtor's state of residence: PA b. Enter debtor's household size:	1	\$	46,515.00			
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. 						
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSAE	LE INCOME					
18	Enter the amount from Line 11.		\$	488.53			
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line any income listed in Line 10, Column B that was NOT paid on a regular basis for the household edebtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column F payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the dependents) and the amount of income devoted to each purpose. If necessary, list additional adjust separate page. If the conditions for entering this adjustment do not apply, enter zero.	xpenses of the s income(such as debtor's					
	a.						
	c. \$						
	Total and enter on Line 19.		\$	0.00			
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	488.53				

21		lized current monthly inc ne result.	ome for § 1325(b)(3). N	Multip	oly the a	mount from Line 2	20 by the number 12 and	\$	5,862.36
22	Applic	able median family incom	e. Enter the amount from	m Lin	e 16.			\$	46,515.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is no 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part						t deteri	mined under §	
	132		ALCULATION (1517,	v, or v1.
			eductions under Star						
24A	Enter in application bankru on you	al Standards: food, appar n Line 24A the "Total" amouble number of persons. (T ptcy court.) The applicable r federal income tax return, al Standards: health care	ount from IRS National his information is availa number of persons is the plus the number of any	Standable at nur addit	ards for www.unber that ional d	r Allowable Living usdoj.gov/ust/ or fro t would currently be ependents whom yo	Expenses for the om the clerk of the see allowed as exemptions ou support.	\$	
24B	Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	Persons under 65 years of age			Persons 65 years of age or older					
	a1.	Allowance per person		a2.	Allowance per person				
	b1.	Number of persons		b2.	Numb	er of persons			
	c1.	Subtotal		c2.	Subto	tal		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					his information is e family size consists of	\$		
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your								
	home, if any, as stated in Line 47			., you		\$ Subtract Line b fr	om Line a	¢	
	-	Net mortgage/rental expens				Subtract Line b fr		\$	
26	25B do Standa	Standards: housing and uses not accurately computerds, enter any additional and tion in the space below:	the allowance to which	you a	re entit	ed under the IRS I	Housing and Utilities	\$	

	Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.						
27A	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.go.court.)	\$					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average						
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$				
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$					
	b. 2, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$				
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$				
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$				
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.						
		1 41	\$				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.						
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dependence of the providing similar services is available.	\$					
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$				
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$				

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$
	Subpart B: Additional Living Expense Deductions	
	Note: Do not include any expenses that you have listed in Lines 24-37	
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	
39	a. Health Insurance \$	
	b. Disability Insurance \$	
	c. Health Savings Account \$	
	Total and enter on Line 39	\$
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$	
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$
	-	

B22C (Official Form 22C) (Chapter 13) (12/10)

			Subpart C: Deductions for D	ebt]	Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthl Payments on Line 47.						
		Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance					
	a.			\$		□yes □no	r.
					otal: Add Lines		\$
48	moto your paym sums	r vehicle, or other property deduction 1/60th of any an ents listed in Line 47, in or in default that must be pai ollowing chart. If necessary	aims. If any of debts listed in Line 47 are so necessary for your support or the support of nount (the "cure amount") that you must parter to maintain possession of the property. It is additional entries on a separate page.	of you y the The	ur dependents, you creditor in additt cure amount wo List and total any	ou may include in ion to the uld include any such amounts in	
		Name of Creditor	Property Securing the Debt			he Cure Amount	
	a.				\$	Total: Add Lines	\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.						\$
5 0	a. Projected average monthly Chapter 13 plan payment.		\$				
50	b.	issued by the Executive	our district as determined under schedules Office for United States Trustees. (This at www.usdoj.gov/ust/ or from the clerk of	x			
	c.		nistrative expense of chapter 13 case	To	otal: Multiply Li	nes a and b	\$
51	Tota	l Deductions for Debt Pay	ment. Enter the total of Lines 47 through	50.			\$
			Subpart D: Total Deductions	fron	n Income		
52	Tota	l of all deductions from in	come. Enter the total of Lines 38, 46, and	51.			\$
		Part V. DETER	RMINATION OF DISPOSABLE	INC	COME UNDI	ER § 1325(b)(2)	
53	Total current monthly income. Enter the amount from Line 20.						\$
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					ts, or disability le nonbankruptcy	\$
55	wage		ns. Enter the monthly total of (a) all amour fied retirement plans, as specified in § 5416 specified in § 362(b)(19).				\$
56	Tota	l of all deductions allowed	l under § 707(b)(2). Enter the amount from	n Lin	ne 52.		\$

57	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstances. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expensof the special circumstances that make such expense necessary. Nature of special circumstances a. b. c.	nces and the resulting expenses in lines a-c be expenses and enter the total in Line 57. You see and you must provide a detailed explanty and reasonable. Amount of Expense \$ \$ \$ \$	elow. must ation				
58	Total adjustments to determine disposable income. Add the a result.	Total: Add Lines amounts on Lines 54, 55, 56, and 57 and ente	r the \$				
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Lin	\$					
	Part VI. ADDITIONA	L EXPENSE CLAIMS					
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
60	Expense Description a.	Monthly A	mount				
	b.	\$					
	c.	\$					
	d.	\$					
	Total: Add Lines	a, b, c and d \$					
	Part VII. VE	RIFICATION					
61	I declare under penalty of perjury that the information provided <i>must sign.</i>) Date: August 28, 2012	in this statement is true and correct. (If this is Signature: /s/ Helen Wagner Helen Wagner (Debtor)	s a joint case, both debtors				
1	T and the second	(Debtor)					

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2012 to 06/30/2012.

Line 6 - Pension and retirement income Source of Income: Sundry Trust Pension Constant income of \$382.89 per month.

Line 6 - Pension and retirement income

Source of Income: **Met Life Pension**Constant income of **\$105.64** per month.

Non-CMI - Social Security Act Income

Source of Income: Social Security

Year-to-Date Income:

Total Year-to-Date Income: \$7,304.88 from check dated 6/30/2012 .

Average Monthly Income: \$1,217.48.